Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Telephone: (517) 241-0560
www.michigan.gov/bpl
BPLHelp@michigan.gov

CERTIFICATION OF MEDICAL EDUCATION FOR GRADUATES OF MEDICAL SCHOOLS LOCATED IN THE UNITED STATES, ITS TERRITORIES, THE DISTRICT OF COLUMBIA, OR THE DOMINION OF CANADA

Authority: 1978 PA 368

This form must be submitted directly to this office by the dean or registrar of medical school. If this form is submitted by the applicant, it will not be accepted.

Section of Form to be Completed by Applicant:

Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
Telephone Number	Email Address	
Name of Medical School		
Applicant's Signature	Date	

Remainder of Form to be Completed by the Dean or Registrar of the Medical School

Name of Medical School		
Address of Medical School		
City	State	Zip Code

CERTIFICATION AND SIGNATURE

I certify the applicant named above was/will be granted the degree of _____

on _____.
(Month/Day/Year)

_____ _____
Signature of Dean or Registrar Date

_____ (Seal)
Print or Type Name of Dean or Registrar